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Why Analysis of Gender Equality Policy Should Pay Attention to Risk: The Case of Sexual and Reproductive Health Policy in England

Abstract

Policy strategies for managing risk are now well-established in British social policy. These strategies are highly individualized, placing emphasis on the capacity of individuals to mitigate risk in their everyday lives. Further, the paper argues that the dominance of individualized risk governance agendas has serious implications for the design of equality initiatives. Through a case study of sexual and reproductive health policy in England, the paper demonstrates that risk governance has the potential to 'shrink' the meaning of equality by institutionalising a narrow, individualized definition of 'equality' in policy, and 'bend' equality initiatives to fit a broader neoliberal policy agenda.

Introduction

Risk governance has received a considerable amount of attention from sociologists, who have elaborated the ways in which risk discourses act to discipline women's bodies and behaviors. However, feminist research on the entry of risk discourses into policy environments, and their impact

on gender equality claims-making once institutionalized, is more limited. This article sets out the case – with a firm grounding in feminist literature on equality policy – for why risk needs serious attention from critical policy scholars and political scientists. It suggests that risk governance – the processes by which governments (and other bodies) attempt to understand and manage risks and make risk-related decisions – is a critical ingredient of policy contexts, and one which can seriously limit the ways in which equality is pursued in policy.

The importance of risk is demonstrated in an analysis of the *Framework for Sexual Health Improvement in England*. Sexual and reproductive health policy has been a key focal point of lobbying by feminist and other advocacy groups, but is also a central site of risk discourses. An analysis of sexual and reproductive health policy is therefore well placed to reveal what happens when ideas about equality come into contact with firmly entrenched risk discourses. While the article is situated within a body of feminist literature, the focus here is not solely on gender equality. In feminist policy studies, researchers have explored the ways in which claims about gender equality may ‘stretch’ to accommodate other equality struggles (Lombardo and Verloo 2009; Lombardo, Meier, and Verloo 2017; Verloo et al. 2012). This is borne out by the evolution of gender equality machinery in the UK, from the Women’s Unit through to the Government Equalities Office with its broader remit. Given the multi-pronged nature of British equality policy, this article focuses on conceptualisations of ‘equality’ more broadly.

The article begins by exploring how risk governance has been critiqued by feminists and how it has been implicated in neoliberal governance. The argument is not simply that risk can be gendered (as has already been established by feminist sociologists), but that risk governance agendas can have significant ramifications for how the concept of equality is operationalized in policy. The article finds that when inflected by risk, the transformative potential of equality discourses is limited. The resultant

'risk-equality' discourses legitimate intervention into citizen's personal lives in order to create responsible, risk-managing subjects, but suggest that interventions at the macro- and meso-levels are inappropriate for achieving equality.

The discussion here focuses on discourses of risk and responsibility in Britain. Yet risk governance is not unique to one country. Risk may be argued to have 'colonized' British policy regimes to a far greater extent than in, say, France and Germany, where its application has been more limited (Rothstein, Borraz, and Huber 2013). Nonetheless, risk governance has been a feature of policy around the world for decades, particularly in Europe and North America. Moreover, it has been a key plank of European Commission policy strategy since at least the late 1990s (van Asselt and Renn 2011). Individual European countries have also sometimes been viewed as having a great preoccupation with risk, in comparison to a more reckless, less civilized US (Rifkin 2004). However, Wiener et al. (2011) find that risk governance is firmly entrenched in many policy areas and many states of the United States – and it is certainly highly pertinent to discussions of sex and reproduction (Fine 1988; Fine and McClelland 2006).

Neoliberalism and gender equality

Since 1997, gender equality agendas have been institutionalized in British policymaking via, amongst other things, the creation of a succession of policy agencies with ever-expanding remits: from the Women's Unit which was set up shortly after the election of the Labour Party in 1997, to its successor the Women and Equality Unit, set up to replace the Women's Unit in 2001, which operated until 2007 when it was replaced by the Government Equalities Office (GEO). The promotion of gender equality

has proceeded via the practice of 'gender mainstreaming' – the institutionalisation of gendered analysis in all aspects of policy activity. The GEO takes the form of a cross-cutting unit, working with ministers across government to promote gendered analysis of policy initiatives and to advise on all other forms of equality. In doing so, it mirrors mainstreaming strategies adopted by nation-states and international organizations worldwide. Yet there has been debate about the capacity of mainstreaming to make a significant difference to policy agendas, given the gulf between 'gender equality' and the 'mainstream' (Walby 2005). While scholars have been optimistic about mainstreaming's transformative potential (McBride and Mazur 2010; True and Mintrom 2001; True 2003), analyses of mainstreaming initiatives globally suggest that in practice, they are often most successful where they align with pre-existing government or organizational agendas, and struggle to achieve their objectives where they do not (Bacchi and Eveline 2003; Benschop and Verloo 2006; Franceschet and Macdonald 2004; Rönnblom 2009; Squires and Wickham-Jones 2004; Teghtsoonian 2004).

The broader policy context therefore determines the kinds of equalities initiatives that are likely to be successful. This insight is not restricted to gender equality: Davina Cooper, for example, has drawn attention to the difficulties faced by lesbian and gay rights activists in seeking concessions from the state (1995). This article suggests, however, that a critical ingredient of the contemporary UK policy context has been overlooked by equality policy researchers. This is risk governance: governments now attempt to proactively manage, rather than merely respond to, social risks. This requires interventions not only at the macro-level of policy but also at the micro-level, identifying 'at-risk' social groups and targeting potentially 'risky' behaviors. As this article demonstrates, the dominance of this agenda has implications for the framing of equality claims in policy, hindering their transformative potential.

This is not to say that there has not been substantial research on the successes and failures of gendered policy change in the UK government. Research in this area has consistently found gender equality initiatives to be substantially constrained. The Women's Unit was not well-integrated into the 1997-2001 government and did not play a huge part in shaping policy proposals; it also faced the allegation that it tended to focus on uncontroversial issues such as body image rather than pursuing a transformative agenda (Squires and Wickham-Jones 2002). Its successor, the Women and Equality Unit, was created as a cross-cutting unit with a broader 'equalities' remit, but in practice its focus narrowed around economic issues. This meant an emphasis on issues related to women's economic integration such as the wage gap and women's entrepreneurship, with frequent recourse to the 'business case' for equality and diversity. Mainstreaming strategies were thus firmly situated within New Labour discourses around economic efficiency (Annesley, Gains, and Rummery 2010; Squires and Wickham-Jones 2004). Claire Annesley (2010) found similar trends at work in welfare reform under New Labour, with gender equality agendas reaching success where they could be reconciled with the business case, by bringing women into the labor market. Further-reaching policy reforms, such as the introduction of more extensive paternity rights or a shared parental leave model, were hampered by the business lobby. Since the Labour Party left office in 2010, these trends have intensified.

As Conservative Prime Minister, David Cameron's willingness to 'feminize' policy did not spread to austerity policy: the GEO saw its budget slashed under the Conservative-Liberal Democrat Coalition, and gender equality agendas again only found purchase where they could be reconciled with the government's economic agenda (Campbell and Childs 2015). Under the leadership of Theresa May, gendered change has remained stymied by austerity, and now by Brexit's dominance of policy and legislative agendas. The disproportionate impact of the cuts on women have been highlighted by a number of organisations (Fawcett Society 2012; TUC 2015; Women's Budget Group 2012, 2013, 2015), suggesting that gender equality initiatives did not ultimately transform the economic direction of the

government. Austerity policies have had similar impacts on gender equality goals across Europe (Rubery 2015).

Noting the bending of gender equality initiatives towards an overarching economic agenda, some authors have explicitly linked 'successful' gender equality programmes with neoliberalism, suggesting that mainstreaming tends to adapt rather than critique neoliberal policy agendas (Bacchi and Eveline 2003; Teghtsoonian 2004). In doing so, they nod to an ongoing debate about the place of contemporary feminism vis-à-vis neoliberal ideology (Budgeon 2011; Evans 2015; Fraser 2013; McRobbie 2009). Much of this debate has centred on Nancy Fraser's suggestion that feminist ideas have 'unwittingly supplied a key ingredient of the new spirit of neoliberalism' (2013, 220). Fraser describes an affinity between feminist and neoliberal critiques of traditional authority, and further argues that feminism supplies a 'romance' (2013, 220) of the ambitious, successful and liberated woman that plays into neoliberal logics. Moreover, she suggests that feminist critiques of political economy have been downplayed since the rise of neoliberalism.

These arguments have been controversial. Critics have taken issue with what they see as a representation of feminism as 'complicit' with neoliberal capitalism, asserting instead that neoliberalism has appropriated and misrepresented feminism (McRobbie 2015, 16; Walby 2011, 22), and further argue that Fraser has herself misrepresented second-wave and contemporary feminism, providing scant evidence for her allegations (Funk 2013). But these critics agree that feminist ideas are, for whatever reason, often used to justify neoliberal policy regimes. This trend is explored in, for instance, Kristin Bumiller's (2008) account of the alliance between feminist campaigns against sexual violence and the neoliberal state, Sydney Calkin's (2015) research on the 'tapping' of women and girls by international development programmes, and Jemima Repo's (2016) critique of gender equality initiatives in the European Union. It is also described in Johanna Kantola and Judith Squires' (2012)

portrayal of an emerging 'market feminism' which embraces market logics, with far-reaching implications for gender equality policy.

Following Janet Newman (2013) and Elisabeth Prügl (2015), this article aims to go beyond accounts of feminism as co-opted by neoliberalism and instead look at *how* feminist ideas are incorporated into neoliberal logics. Risk governance is a central aspect of neoliberal policy regimes, increasingly playing into political agendas which emphasize individual personal responsibility, de-centralization of service provision and low welfare spending (Castel 1991; Lupton 2012; Petersen 1996; Rose 2001). Thus, it is significant in a global historical context in which austerity agendas have become firmly entrenched. Risk is often linked to fiscal policy as well as security and surveillance. However, it is relevant to many areas of UK policymaking, both domestically and internationally, and its individualising tendencies preclude analysis of the structural bases of inequality. Risk therefore has significant implications for policymaking which should be subjected to scrutiny. The articulation of a feminist approach to risk is therefore critical, as risk governance colonizes policy regimes to a greater and greater extent.

Risk, policy and gender

Risk has been an important guiding principle in political and social theory, with prominent social theorists dubbing modern society the 'risk society' (Beck 1992; Giddens 1998). For social democrats concerned with ensuring the security of their citizens, minimizing risk has been a central focus. While feminist political scientists may not have engaged critically with risk, substantial feminist critiques have been developed in other fields, with feminist sociologists such as Deborah Lupton (1999; 2012) noting how risk discourses become attached to women's choices and women's bodies in particular. Crucial here is the explosion of discourse around risk in pregnancy. Lupton draws attention to the

ever-growing and often contradictory list of behaviors in which pregnant women are expected to engage in order to minimize risk to the developing foetus, such as carefully monitoring diet and weight, taking the right supplements and avoiding others, exercising regularly but also resting as much as possible, attending regular check-ups but also avoiding germ-ridden environments such as doctors' surgeries or hospitals, and staying well-informed about potential risks to their foetus while also avoiding stress (Lupton 2012, 329-30).

Cathy Cohen has noted the importance of the framing of risk in her work on the politics of HIV/AIDS (1999). Cohen explores the role of dominant institutions in defining *who* is 'at risk' and the implications of this for policy, scholarship and advocacy. Cohen's work shows that early messaging around AIDS portrayed it as exclusively the province of (predominantly white) gay men, with interest in the disease spurred by perceptions of the 'promiscuity' and 'deviance' of 'the gay lifestyle'. Cases of the disease in other marginalised groups, in particular intravenous drug users, were chronically overlooked. This was partially due the difficulties these groups faced in accessing adequate healthcare, but also because many clinicians and researchers found it unsurprising that 'junkies' would get ill. The result was that early research focused exclusively on gay men, and the impact of HIV/AIDS on extremely marginalized – and often African-American or Latino/a – people was underreported. Cohen's research demonstrates that existing patterns of inequality and marginalization may affect our understanding of who is at risk.

The question of who is at risk or responsible for risk has gendered implications. For example, women may be portrayed as the principal risk-managing agents in child-rearing (Bell, McNaughton, and Salmon 2009), or constructed as at-risk in discourses around rape and sexual assault (Hall 2004) – which often centre on ways that women can minimize their risk of being assaulted by strangers, a narrative that has been criticized for blaming the victim (Chapin 2016; O'Hara 2012; Pennington 2013;

Sanghani 2015) and overlooking the fact that women have a far greater likelihood of being raped by an acquaintance, partner or relative (RAINN n.d.; Rape Crisis n.d.). Men are unlikely to be portrayed as being at risk of being raped or sexually assaulted, and male victims face a struggle for recognition (Javaid 2016). But particular subgroups of men have been identified as being at risk of engaging in certain types of undesirable behaviors, as witnessed by the recent explosion in the UK press of articles about wealthy young gay men engaging in 'chemsex' (Anonymous 2015; Cain 2015; Daly 2017; Flynn 2015; McMullan 2016; Speed 2016;).

Risk dominates discourses on consensual sex in ways which can have particularly severe ramifications for women, girls and other subordinated groups. In 1988, Michelle Fine influentially drew attention to the 'missing discourse of desire' in sexual education in US public schools, which she showed to instead promote a discourse of female sexual victimization stressing young women's vulnerability to male predators, pregnancy and disease rather than their capacity as sexual and social agents (1988). Feminist scholars have since called for pleasure and desire to be foregrounded in sex education curricula. Recent research, however, finds that discussions of desire in both 'abstinence-only' and 'comprehensive' curricula are heavily inflected by risk, linking desire to risks of loss of control, disease, pressuring others, and regret (Lamb, Lustig, and Graling 2013). Researchers suggest that this has a disproportionate impact on girls, who face greater policing of their sexual behavior and lack the more positive cultural narratives of adolescent risk-taking and bravado often available to boys (Lamb 2013, 454), and on LGBTQ people who find their desires pathologized as 'unhealthy' or 'unsafe' (Shannon 2016).

The exhortation to avoid risk often takes on a moralistic character. Sharon Lamb argues that risk discourses in sex education curricula have a moral edge which results in girls being judged harshly for not taking care of their health or for getting pregnant at a young age (2013). Similarly, pregnant

women who expose their foetuses to alcohol or drugs, or who are overweight, or perceived as 'too thin', or engage in other kinds of 'risky' behavior are subjected to heavy public censure (Bell, McNaughton, and Salmon 2009; Kukla 2010; Lupton 2012). Some authors have described the framing of issues such as obesity in pregnancy as 'health emergencies' as having the characteristics of a moral panic (Bell, McNaughton, and Salmon 2009). Hence, feminist and Foucauldian critics of risk governance have noted the ways in which risk discourses are used to legitimize behaviors deemed desirable and delegitimize those deemed undesirable (Smith 2004). To these critics, risk is no longer simply a matter to be considered by policymakers and social planners, but rather has been displaced onto individuals, who are increasingly expected to manage their own relationship to risk (Castel 1991; Petersen 1996; Rose 2001). Cohen's work demonstrates that the moralization of risk has implications for advocacy as, for example, black people engaging in supposedly immoral or deviant behaviour such as homosexuality or intravenous drug use may find that they are not regarded as 'black enough' for advocates to mobilize around (Cohen cited in Cole 2008, 446).

Importantly, risk-taking does not bear such negative moral connotations in all aspects of neoliberal policy regimes. In some configurations, risk is theorized as positive and productive, to be 'embraced' (Baker and Simon 2002) and for the potential rewards to be recognized. Paul Langley has, for example, charted how such a theorization of risk has been used in pensions policy to justify the side-lining of collective insurance as a means of sharing risk in favour of individual investment which is riskier for the investor (2006). Here, rewards are thought to accrue to those who are bold enough to take and manage risks themselves. As this article suggests, this 'productive' conception of risk has not permeated all areas of policy; nonetheless, the privatisation of risk is a fairly constant feature.

The privatisation of risk is central to the neoliberal project's requirement for citizens to be self-governing, or to 'exercise a regulated autonomy' (Petersen 1996, 48). The Foucauldian literature

regards the neoliberal subject as *created* and constantly re-created, operated on by governmental logics which instil in it personal responsibility, the need to care for and craft the self, and an entrepreneurial spirit. For Foucault, neoliberalism's aim was not simply to maximize production by increasing the total worker hours, but to maximize the *quality* of that labor. This could be done through the development of workers' personal qualities – their aptitudes, attitudes and skills – also known as *human capital* (Foucault 2008, 215-237). Risk-bearing subjects are thus neoliberal subjects – they have been disciplined to subscribe to an ethos of personal responsibility, and do not expect assistance from the state.

There are clear avenues here for exploration by feminist policy scholars. Risk discourses have the ability to significantly shape the direction of policy, with gendered implications (noting again the ways in which risk may attach itself to the bodies of women and sexual minorities). The privatization of risk outlined above – in which risk avoidance becomes an individual moral duty rather than simply a concern of social planners – may also disquiet those seeking to advance structural analyses of the bases of gender and other inequalities. This article argues not only that risk discourses are gendered in ways which impact on those 'acted on' by policy, but also that their presence in the policy process limits the ways in which claims about equality can be made. As demonstrated below, the individualising tendencies of risk discourse heavily restrict the kinds of claims about equality and social justice that are 'possible' in the field of policy. The impact of risk discourses, therefore, is discursive, and the case studies below draw heavily on discursive policy analysis methods.

Analysing policy frames

In response to growing evidence that the meanings of gender equality may be adapted to suit predominant policy logics, feminist policy scholars have turned to frame analysis as a means of interrogating the content of policy discourses. Policy frames have been defined as 'explicit expression[s] of why [an] issue deserves government attention and action' (McBride 2001, 3), or as 'thought organizers' which 'make coherent an apparently diverse array of symbols, images, and arguments, linking them through an underlying organizing idea that suggests what is at stake' (Ferree et al. 2002, 13-14). In studies of equality initiatives, frame analysis thus requires an assessment of how the meanings of equality are constructed, and why equality is held to be important.

The case study makes use of the concepts developed by Emanuela Lombardo, Petra Meier and Mieke Verloo in their discursive approach to gender equality policy (2009). Like Carol Lee Bacchi in her influential 'what's the problem (represented to be)?' approach (1999; 2009), Lombardo, Meier, and Verloo stress the 'travelling nature' (2009, 2) of the concept of gender equality, and suggest that 'travelling' in this way results in the concept being broadened, narrowed, or manipulated to fit goals other than gender equality. They propose four ways in which the meanings of gender equality can be shaped through its deployment in different areas of policy: fixing, stretching, shrinking and bending. 'Fixing' refers to the temporary freezing of the meaning of equality, often as a result of it being enshrined in legal or political documents: for example, gender quotas might be said to 'fix' gender equality in numerical terms. Fixing can thus be understood as a success for feminists, as it indicates that efforts to address gender inequality have become institutionalized. However, fixing can also result in a loss of reflexivity around the concept, and a failure to recognize that gender equality encompasses more than the meaning that has been encoded in legislation (2009, 3-4).

The meanings of gender equality may be 'stretched' rather than fixed. Stretching occurs when the concept of gender equality is broadened 'by developing a larger meaning that expands on its previous

understanding in a given context' (Lombardo, Meier, and Verloo 2009, 5). An example of this is the way gender equality in many policy contexts has been stretched to incorporate other forms of equality, such as in the evolution of equalities agencies in the United Kingdom from the WU in 1997, to the WEU in 2001, to the GEO in 2007 (Squires 2009). This kind of stretching may be highly beneficial in the struggle against inequality (Ferree 2009; Squires 2009), but Lombardo, Meier, and Verloo also caution that it may indicate a lack of reflexivity, and dilute the previous meaning of gender equality (2009, 5).

'Shrinking' occurs when the meaning of gender equality is reduced to a particular interpretation or policy area, resulting in other aspects of gender equality being neglected (Lombardo, Meier, and Verloo 2009, 4). As many analyses of gender mainstreaming have found, gender equality can be 'shrunk' by being considered only in terms of women's access to labor markets or needs as consumers. Finally, 'bending' refers to a shaping of meanings that results in the goal of gender equality being lost: strategies originally used to address gender inequality are turned to suit other agendas, and in particular the needs of the market. The concepts of 'shrinking' and 'bending' are particularly useful when discussing the interplay between gender equality and risk discourses.

Case study: Sexual and reproductive health policy in England

Background

Sexual and reproductive health is a critical case study for the exploration of the intersections between risk discourses and equalities claims-making. On the one hand, it has been a touchstone for lobbying by feminists and other equalities advocates around issues such as access to contraception, abortion rights, maternity care and HIV. On the other hand, sexual and reproductive health policy is saturated with discourses of risk and personal responsibility. This is not only the case in the UK, but has also been observed in, for example, the United States (Fine 1988; Fine and McClelland 2006) and Australia (Shannon 2016). The policy document explored here, the Department of Health's *A Framework for Sexual Health Improvement in England* (2013), is a particularly good example of a disjuncture between a critical policy document and advocacy group commentary on the issue.

In the United Kingdom, sexual health was not formally recognized as a national health priority by central government until the 1992 white paper *The Health of the Nation*, which specifically targeted rates of sexually transmitted infections (Department of Health 1992; Ingham 2005, 56-7). HIV/AIDS and sexual health – the former identified as ‘perhaps the greatest new threat to public health this century’ (Department of Health 1992, 17) – became one of the five ‘key areas’ to be addressed by Government health strategy. The need to manage teenage pregnancy statistics was mentioned but a decidedly secondary goal, despite acknowledgement that ‘sexual health is not ... restricted to the control of disease’ (1992, 92).

This was to change in the late 1990s, when amid media outrage and moral panic over (isolated) cases of very young girls giving birth, the New Labour government began to prioritize teenage pregnancy to a much greater extent. This was presented within a moral framework which emphasized risk and personal responsibility and conceptualized sex as a risky activity to be avoided (Hoggart 2003; 2006). Sexual health policy thus came to emphasize the dangers of sexual activity for women, with particular concern for the ways in which teenage pregnancy might result in ‘social exclusion’ or,

alternatively, 'unfit mothers' (Hoggart 2003, 147). In framing the problem in this way, the New Labour government attempted to find individualistic solutions to social problems. Inequality and deprivation were named here as issues to be addressed – but the responsibility for tackling them lay squarely with teenagers and their educators.

This was the policy environment inherited by the Conservative-Liberal Democrat Coalition government in 2010. The Coalition oversaw significant changes to healthcare provision in England^[i] in the form of the Health and Social Care Act 2012. This controversial Act legislated for the most extensive restructuring of the National Health Service (NHS) in England to date. It abolished the existing Primary Care Trusts and Strategic Health Authorities – responsible for commissioning services and implementing Department of Health fiscal policy respectively – and replaced these with new Clinical Commissioning Groups (CCGs), ostensibly led by general practitioners but often including board members with links to the private health sector (Armitage 2015). The architects of the Act argued that this would allow clinicians to get the best services for their patients and spend NHS money more efficiently (Department of Health 2012a). Yet critics alleged that the Act would result in 'privatization by stealth' (Helm and Campbell 2013) by attracting private providers into statutory health care at the expense of public providers (Speed and Gabe 2013).

The NHS reforms held significant implications for sexual and reproductive health services. Prior to the reforms, the All-Party Parliamentary Group for Sexual and Reproductive Health in the UK^[ii] (APPGSRH) had already highlighted problems caused by fragmentation in service provision and lack of clear lines of accountability. Their report (APPGSRH 2012) focused on women's access to contraceptive services and found that access to such services varied across the country, with evidence of commissioners in some areas restricting access to contraceptive services on the basis of age or place of residence (2012, 5). The report expressed concern that the Health and Social Care Act could further fragment service

provision due to uncertainty over who would be responsible for commissioning which services under the new system (2012, 27).

It was hoped that the *Framework for Sexual Health Improvement* (Department of Health 2013) would address this uncertainty. The Framework was expected in 2011, but publication was delayed until 15 March 2013 – less than three weeks before the Health and Social Care Act came into force. It covered sexual and reproductive healthcare provision as well as sex and relationships education. In response to parliamentary and extra-parliamentary activism – including the APPGSRH’s call for the needs of older women to be addressed – the *Framework* adopted a life course approach, charting how the needs of different groups might change as they aged. Equalities issues were highlighted throughout. However, while the Framework highlighted the Government’s ‘ambitions’ for addressing various problems, it did not set out any strategies for achieving these goals and did little to address the uncertainty around the commissioning of services. As a result, the APPGSRH and practitioner groups have pointed to further fragmentation and deterioration of lines of accountability in provision of sexual health services. This means that in practice, significant inequalities remain in sexual and reproductive health provision in England, as certain groups remain unable to access adequate services (APPGSRH 2015).

Equality frames in the *Sexual Health Framework*

Throughout the *Framework*, good sexual health is conceptualized as the avoidance of a series of risks. Sexually transmitted infections and unwanted (especially teenage) pregnancies are the most frequently mentioned risks; however, abortion also features as a risk in and of itself, and is treated as

a measure of 'poor sexual health' (Department of Health 2013, 17). The *Framework* also introduced the term 'resilience' into sexual and reproductive health policy. It defines resilience as 'the ability to enjoy life, survive challenges, and maintain positive wellbeing and self-esteem' (2013, 16), and describes 'resilient' individuals as those who understand and act to mitigate risk (or make 'healthy choices' [2013, 5]). According to the *Framework*, resilient individuals 'understand the benefits of loving, healthy relationships and delaying sex' (2013, 13).

The need to tackle inequality is at the top of the *Framework's* list of objectives (2013, 4), and this is repeated throughout the document. Sexual health promotion is conceptualized as a means of reducing inequality. Throughout, inequalities are described in terms of (different kinds of) risk. The role of healthcare providers in tackling inequality is depicted as one of the identification and targeting of 'at-risk' groups such as young boys, adolescent girls, older women and gay men. A series of statistics is used to bolster the points made about each at-risk group, for example:

In 2011, 36% of women overall, rising to 49% in black and black British women, having an abortion had had one before (2013, 9).

A significant proportion of STI diagnoses among gay and bisexual men continue to be in younger age groups: 34% of genital warts, 24% of gonorrhoea, 22% of genital herpes and chlamydia and 13% of syphilis cases diagnosed in 2011 were in those aged 15–24 (2013, 18).

The prevalence of HIV among black African communities in England is estimated to be approximately 5%, and the rate of gonorrhoea is significantly higher among some black British populations than in the white British population (2013, 22).

There is an acknowledgement of difference here that appears to take inequality seriously. However, the proposed solutions to the problem of inequality are crucial here. The focus of the *Framework* is on reducing inequalities by encouraging behavioral change, and a defence of 'preventative interventions that focus on behavior change' (2013, 25) is mounted mid-way through the document. How such interventions are framed is key:

A wide range of factors has been shown to influence adolescent health outcomes. Many of these are 'deficit' factors, such as growing up in a single-parent family or living in a deprived area. However, these factors are clearly beyond the control of adolescents, and many resilient young people who grow up in difficult circumstances do have positive outcomes. A more positive approach is to identify the 'assets' that those resilient young people have, and to try and help at-risk young people to develop them. (2013, 16)

The existence of structural determinants of good (sexual) health is clearly acknowledged. Yet these factors are, in effect, depoliticized – spoken of as if they are beyond control. The potential role of the state or other agencies in tackling inequality and deprivation is not explored; rather, proposed solutions revolve around the promotion of personal 'resilient' assets such as self-confidence and a positive body image. Self-esteem is mentioned several times in the *Framework*, which argues that 'people with low body confidence may be more likely to engage in risky behavior' (2013, 21). In this way, the *Framework* assumes that positive qualities such as confidence discourage 'risky' behavior. One might argue that this is an unusual claim to make in the wake of the global financial crisis, which has been linked, in both scholarly literature and the popular imagination, to risk-taking behavior on the part of overconfident bank CEOs (Hackbarth 2008; Ho et al. 2016; Niu 2010).

My suggestion here is not that it is necessarily a bad thing to increase public awareness of health risks or to improve the self-esteem of young people. Nor is it that sex and relationships education is unimportant. However, the meaning of equality has been both 'shrunk' and 'bent.' First, equalities initiatives are reduced to methods for managing individual behaviors. This is done specifically by addressing risk-taking behaviors identified as prevalent in particular target groups, such as succumbing to 'peer pressure' to have sex at a young age. Structural factors are meanwhile placed beyond the reach of policy. This is a curious reversal of the predominant understanding of policymakers' roles throughout the 20th century; once, the structural determinants of health would have been the target of policy, while individual behavior would have been viewed as beyond control.

Secondly, the equality frame has been bent towards a policy environment in which the focus is on the decentralization of health governance. The highly individualized strategy for healthcare set out in the *Framework* goes hand-in-hand with a reluctance to set out a centralized strategy for sexual and reproductive health; instead, the document presents 'ambitions' to be pursued at the local level. Responsibility for these is displaced onto local authorities and other agencies, with no clear lines of accountability. Lack of central, top-down direction is not necessarily a problem for healthcare – indeed, health policy research suggests that local networks can be crucial in advancing healthcare services (Armstrong and Kendall 2010) – but in this case, fragmentation has led to gaps in service provision with serious equalities implications (APPGSRH 2015). Thus, the meaning of equality has been bent rather than stretched, as it has come to serve a goal that is antithetical to the original goal of equality promotion.

There is another type of 'bending' at work here, in which the foregrounding of risk behavior among target groups conceals conservative ideas about sex and relationships. Lesley Hoggart has argued that policymakers' concerns about teenagers having sex 'too young' during the Blair era were situated

within a framework of 'moral purpose' that was heavily influenced by family rights lobbying (2003, 159). The same anxieties are reflected in the *Framework's* assumption that behavior regarded as 'risky' always comes about as a result of peer pressure, low self-esteem, poor body image and other negative traits. Acknowledgement that sexual behavior might be driven by pleasure is curiously absent. As David Evans observes, the absence of pleasure from UK sexual health policy discourse is thrown into stark relief when compared to, for example, World Health Organization policy, which emphasizes the importance of 'pleasurable and safe sexual experiences' (WHO cited in Evans 2006, 237).

Discussion

From risk to resilience

While the focus of this case study has been on sexual and reproductive health, the issues discussed here stretch far beyond health policy and the Department of Health. Discourses on risk and, increasingly, resilience span the entire government, as noted in the *Framework* itself:

Building resilience among young people is a shared objective across government, in particular the Home Office in terms of civic disorder and crime, the Government Equalities Office in relation to body confidence, and the Department for Education in terms of teenage pregnancy (2013, 16-27).

The resilience agenda in the UK is even more extensive than this: 'building resilience' has also been touted in various policy documents as a means of preventing radicalization and extremism (Home Office 2011) and promoting good mental health (Department of Health 2012b), particularly among children. Conceived of as a property of social networks as well as of individuals, resilience has also taken centre stage in development, disaster planning and climate change policy. Finally, it has been a central aspect of gender equality initiatives directed by the Government Equalities Office, which have often focused on girls and young women, and prioritized 'developing girls' aspirations and resilience' (Government Equalities Office 2013, 11). These attempts to 'tap into' and develop individuals' 'assets' bear a strong resemblance to the narrative of human capital that has become a prominent feature of global gender equality governance (Calkin 2015; Prügl 2011, 81; Repo 2016). In this narrative, women are re-conceptualized as 'untapped resources', to be 'tapped' (Calkin 2015) through their inclusion in the capitalist economy and the harnessing of their reproductive power in a way that is thought to benefit society more broadly (Repo 2016). Similarly in the Framework, developing the personal qualities of 'at-risk' individuals is conceived as having wholesale social benefits.

The relationship of resilience to risk has been much discussed in the social sciences (see for example Chandler 2014; Duffield 2013; Harrison 2012; Joseph 2013). While there is significant debate over whether this constitutes a new policy paradigm (Chandler 2014) or just 'bad old' neoliberalism (Joseph 2013), in policy fields such as development and security, resilience does appear to bring subjects into a new relationship with risk, stressing the need for individuals and organisations to accept, prepare for and adapt to risk rather than avoid it entirely (Reid 2012). Indeed, in some cases it is argued that exposure to risk can be productive, as it pushes individuals to become more responsible, dynamic and entrepreneurial (Baker 2008; Baker and Simon 2002). In social policy, the framing of resilience has not always been as transformative. Rather, resilience has dovetailed with conservative visions of morality, with 'resilient individuals' conceptualized as those who avoid (rather than accept) risk but also avoid

‘deviant’ behaviors ranging from promiscuous sex, to drug use, to rioting (Amery, 2018). Resilience thereby functions to further bend debate and claims-making around inequality towards a conservative social vision.

Neoliberalizing equality

These developments must be viewed in context. The UK had a Conservative-led Coalition government between 2010 and 2015; this has been followed by a Conservative government headed by David Cameron and now Theresa May. The Conservatives took power following a concerted effort to shed the ‘nasty party’ image they had acquired in the 1980s. As party leader, Cameron drew heavily on a rhetoric of equality, fairness and tolerance; this was a key part of his strategy for rehabilitating the party into one that would once again be viewed as a viable alternative to the Labour Party. However, Cameron attempted to differentiate himself from Labour by stressing meritocratic principles and disavowing Labour initiatives he regarded as aimed at equality of outcome, rather than equality of opportunity.

Cameron’s rhetoric on equality was critiqued by those who viewed it as an attempt to ‘marketize’ (Littler 2013) the concept. According to Jo Littler, to pin the language of equality to the language of meritocracy is to construct a neoliberal vision of society in which ‘plutocracy is endorsed by stealth’ (2013, 52). Under the Coalition, the idea of meritocracy was deployed without any attempt to level the playing field, and indeed coexisted with policies, such as the controversial ‘Bedroom Tax,’ which effectively cut the incomes of the poor (2013, 65). Interventions aimed at mitigating structural determinants of inequality were, meanwhile, stigmatized as belonging to a ‘toxic culture of low

expectations' (Cameron cited in Littler 2013, 66), hindering individual aspiration and ambition. In such rhetoric,

social disadvantage is only 'real' in that it is an obstacle over which pure mental will and aspiration – if they are expressed correctly by being combined with hard work – can triumph. (2013, 66)

The language of meritocracy and aspiration deployed in the speeches Littler analyses is somewhat different to the language deployed in the *Framework*, where the focus is on an almost clinical targeting of 'at-risk' groups. Yet there are similar assumptions underpinning both. As in Cameron's speeches, in the *Framework* social disadvantages or 'deficit factors' are acknowledged to be 'real,' but are figured as obstacles to be overcome through the cultivation of personal qualities, rather than taken as the objects of policy in their own right. The frame of equality is thus bent towards a neoliberal vision of society in which moral virtue is attributed to individual aspiration and responsibility, and collective provision is accordingly perceived as an *immoral* justification for irresponsible behavior.

Conclusion

Feminist analysis of risk governance should begin with the question, *how do risk discourses operate on bodies?* A further three questions underpinning future research on gender equality, risk and public policy might include: How do risk discourses modify the content of equality claims? What are the key drivers of risk governance agendas? And how might risk governance be mediated and challenged by critical actors in the policy process? This article has argued that risk discourses are relevant to equality policy. They may be attached to different bodies in different ways: the bodies of pregnant women, for example, or 'reckless' gay men, or adolescent girls with low self-esteem. As Cohen (1999) has argued,

existing patterns of inequality affect which groups are perceived as being 'at risk' and why. This article demonstrates that the act of labelling a given group as 'at risk' delimits the kinds of claims that can be made about that group. For this reason, discourses of risk – and increasingly, resilience – are significant factors determining how gendered claims and other demands for equality can enter into policy processes. What feminists might describe as 'marginalized groups' enter into policy discourse as 'at-risk groups' to be targeted with policy interventions.

On one hand, this creates space for demands for equality to be made. On the other hand, the form of risk discourse adopted by many government departments severely restricts the potential meanings of equality and limits the solutions on offer. Inequality is now theorized as resulting from the behaviors of the subordinated groups themselves. For those suffering under unequal health outcomes (such as gay men and minority ethnic groups), the problem is located in their willingness to engage in risky activities. Proposed solutions are thus individualized, addressing individual risk-taking and deviancy. Other factors in health inequality, such as the barriers women can face when accessing contraception (APPGSRH 2012) or the closure of clinics in predominantly minority ethnic areas, are not addressed.

Thus, we might return to a claim made at the beginning of the article: that gender (and other) equality claims in policy are usually most successful where they can be used to support existing government objectives. Equality claims successfully find purchase in the *Sexual Health Framework*. Yet they are constructed in such a way as to minimize their transformative potential, while bolstering attempts to manufacture responsible, risk-managing citizens. The deployment of risk-inflected equality or risk-equality discourses in this way recalls feminist accounts of the use of gender equality as a technology of neoliberal government: 'a means to reorganize women's work and personal lives in order to optimize biological reproduction and capitalist productivity by simultaneously increasing women's fertility and their labor market participation' (Repo 2016, 307). Following interventions of the kind set

out in the *Framework for Sexual Health*, citizens identified as being at-risk (due to their gender, disability, ethnicity, sexuality or financial status) should have developed personal qualities such as confidence, aspiration, employability, and the ability to avoid risky activities. Thus, equality, as it legitimates interventions into the personal lives of members of particular groups, becomes a technology in the manufacture of neoliberal subjects.

I conclude by returning to questions posed by scholars such as Prügl (2015) and Newman (2013): how are feminist ideas incorporated into neoliberal logics? How does equality policy reproduce neoliberalism? My argument is that neoliberal forms of risk governance restrict the kind of claims about equality that can be made in policymaking. Research has previously focused on the 'shrinking' and 'bending' of equality claims around economic issues such access to labor markets (Repo 2016), women's consumer needs, the gender pay gap, or equality and diversity in the workplace (Bacchi and Eveline 2003; Benschop and Verloo 2006; Franceschet and Macdonald 2004; Repo 2016; Rönnblom 2009; Squires and Wickham-Jones 2004; Teghtsoonian 2004). This article demonstrates, however, that the 'shrinking' of equality can happen in other policy fields such as public health, and that risk governance may play a critical role in this.

Focusing on policy discourse around sexual health and reproductive rights has also highlighted some tensions within neoliberal regimes. As some feminist authors have observed, neoliberalism is not 'a singular and all-consuming force' (Newman 2013, 200); it has multiple configurations and is not a single coherent project (Larner 2000). I have mentioned that some policy programmes conceptualize risk as a positive thing to be embraced. Such a theorization of risk as positive and productive is not present in sexual health policy, however. Rather, as in other areas of public health, risk is conceptualized as negative. Moreover, 'risk-taking' is made coterminous with deviance from established norms around sex and relationships. Risk is thus used here to smuggle conservative values

about sex into a neoliberal discourse of self-regulation in ways that depart from the more positive and productive visions of risk-taking evident in other areas of policy.

Notes

- i. As healthcare is a devolved policy area, the developments discussed in this article apply to England and not to the rest of the UK.
- ii. The APPGSRH is a cross-party group of MPs and peers rooted in pro-choice parliamentary activism, but lately tackling issues beyond abortion, such as women's access to contraceptive services.

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